													Docket Number		
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999										(39/	6	325	21	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAI TYP		ENTITY	OR	OTHER SMALL	THAN	
FOR			NUMBER FILED			NUMBER EXTRA			RAT	E	FEE	1	RATE	FEE	
BASIC FEE			-								345.00	OR		690.00	
TOTAL CLAIMS			3/ minus 20=			. //			X\$ 9=		OR	X\$18=	198		
INDEPENDENT CLAIMS			4 minus 3 =			: /			X39=		· · · · · ·	OR	X78=	18	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	966			
CLAIMS AS AMENDED - PART II												4	OTHER		
(Column 1) 8-19-05 (Column 2) (Column 3)									SMAI	LL (ENTITY	OR	SMALL		
AMENDMENT A		REMAII AFTI AMENDI	NING ER	Pf		NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 33		Minus	**	32	= /		X\$ 9=			OR	X\$18=	50.00	
	Independent	• 4		Minus ••		<u> </u>	=		X39=	=		OR	X78=		
\square	FIRST PRESE	NTATION	OF MU	ILTIPLE DEF	ENU	DENT CLAIM		Ì	+130	_		OR	+260=		
								Ļ	TOT				TOTAL	50.00	
	,	(Colun	nn 1\		"	Column 2)	(Column 3)	Ą	ADDIT. F	EE			ADDIT. FEE	J U	
		CLA	_	, i		HIGHEST	(Column 3)	ſ		٦	ADDI-	1	·	ADDI-	
AMENDMENT B		REMAII AFTI AMEND	ER		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	•		Minus	••		=		X\$ 9=	-		OR	X\$18=		
	Independent	<u> -</u>		Minus	***		=	I	X39=			OŘ	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=	_		OR	+260=		
		L	TOT		_	OR	TOTAL ADDIT, FEE								
(Column 1) (Column 2) (Column 3)															
AMENDMENT C		CLAII REMAII AFTE AMENDI	NING ER	: •	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**		=		X\$ 9=		•	OR	X\$18=		
	Independent	•		Minus	***	,	=	ŀ	X39=	1			X78=		
	FIRST PRESE	┢		+		OR									
. 11	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=		
**	f the "Highest Nur If the "Highest Nur	mber Previo	ously Pai	id For IN THIS	S SP/	ACE is less than	n 20, enter "20."	A	TOTA DDIT. FE			OR ,	TOTAL ADDIT, FEE		
	The "Highest Num							four	nd in the	арр	ropriate box	in col	umn 1.		